

John David Pamplin
Name
NNCC PDR 7000
Carson City, NV
74405 2-14-20
Prison Number

UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA

John David Pamplin,
Plaintiff

Case No. _____
(Supplied by Clerk of Court)

vs.

CIVIL RIGHTS COMPLAINT
PURSUANT TO
42 U.S.C. § 1983

Clucas R/N CN III,
AW Ron Schreckengost,
KMC Cullah R/N,
O.M.D. Director of Prisons,
Defendant(s).

A. JURISDICTION

1) This complaint alleges that the civil rights of Plaintiff, Pamplin John,
(print plaintiff's name)

who presently resides at Northern Nevada Correctional, were violated by

the actions of the below-named individuals that were directed against Plaintiff at

Warm Springs Correctional on the following dates:
(institution/city where violation occurred)

Title 11 of ADA, Deliberate Indifference, and 8th Amendment Unusual Punishment
(Claim 1) (Claim 2) (Claim 3)

Make a copy of this page to provide the below
information if you are naming more than five (5) defendants

- 2) Defendant CLUCAS RNCN III resides at Caeson City, and is
(full name of first defendant) (address of first defendant)
employed as RN, CN III. This defendant is sued in his/her
(defendant's position and title, if any)

☒ individual ☒ official capacity. (Check one or both.) Explain how this defendant was acting

under color of law: RN CN III Had Knowledge of my flat yard
Restriction And fail to help

- 3) Defendant AW Schreckengost resides at Caeson City, and is
employed as Warden. This defendant is sued in his/her

☒ individual ☒ official capacity. (Check one or both.) Explain how this defendant was acting

under color of law: Had Knowledge of my flat yard need And
didn't fix Or Order a Transfer

- 4) Defendant K McCullah resides at Caeson City, and is
employed as RN. This defendant is sued in his/her

☒ individual ☒ official capacity. (Check one or both.) Explain how this defendant was acting

under color of law: Had Knowledge of my flat yard needs
didn't help fix the issue

5) Defendant Administration resides at Caesum City, and is employed as Director of Prison. This defendant is sued in his/her X individual X official capacity. (Check one or both.) Explain how this defendant was acting under color of law: Classified me to a Prison with a Steep hill
Knowing we got a walkin disability with flat yard
Restrictions

6) Defendant _____ resides at _____, and is employed as _____. This defendant is sued in his/her _____ individual _____ official capacity. (Check one or both.) Explain how this defendant was acting under color of law: _____

7) Jurisdiction is invoked pursuant to 28 U.S.C. § 1343(a)(3) and 42 U.S.C. § 1983. If you wish to assert jurisdiction under different or additional statutes, list them below.

B. NATURE OF THE CASE

8) Briefly state the background of your case.

On Sept 14, 2018 Administration Classified me to WSCC
And housed me upon a hill in Unit 4B North
Administration And All the defendants had
personal Knowledge of my walking disabilities And
The Special Doctor Ordered flat yard Restriction
And the ADA Requirements Yet The defendants ignored
all my Crys for help And left me to Suffer

C. CAUSE(S) OF ACTION

CLAIM 1

The following civil rights have been violated:

Title II of ADA

Supporting Facts: [Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be sure you describe exactly what each specific defendant (by name) did to violate your rights].

Each defendant had knowledge of the Steep Hill which OMD Classified me to this prison knowing I'm a disabled with dropfoot, Right Hip and lower back injuries And walking up And down this Steep hill has cause great pain And Suffering. The defendants has Violated my flat yard Restriction by placing me on this Steep Hill And ^{its} made my Condition worse walking this Steep hill 10 to 14 Times daily to Chow hall, Pill Call, Pick up legal mail, Church, Any Place I have to go I've got to walk down this Steep hill Which The defendant States its a Barrier Free Yard I dont know what that means. Warm Springs Unit 4B is Not Handicap Accessible

CLAIM 2

The following civil rights have been violated:

Deliberate Indifferent

Supporting Facts: [Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be sure you describe exactly what each specific defendant (by name) did to violate your rights].

Both Clucas And K. McCullah had Personal Knowledge of this hill And fail to Address the pain And Suffering Cause by this daily walking up and down this hill, Stating its a Barrier free yard, when clearly theres a Steep hill. They deliberately Place me in Unit 4B Knowing Id have to walk this Steep hill daily to hurt my injuries even more. Months of walking up And down this Steep hill has cause Serious injuries to my lower Back Right hip. The defendants ignored all my Crys for help. Wrensprings is Not a handicap Accessible yard. The defendants refusal to move me to a different yard DR Flat yard has amounted to deliberate indifference to an unreasonable risk of serious harm.

CLAIM 3

The following civil rights have been violated:

8th Amendment
Cruel And Unusual Punishment

Supporting Facts: [Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be sure you describe exactly what each specific defendant (by name) did to violate your rights].

Each defendant had Personal Knowledge of my flat yard Doctors ordered Restrictions Yet, They deliberately Place me on this steep hill to Cause pain And Suffering And More injuries to my dropfoot issue my ~~right~~ Right Hip And Lower back injuries Even After grieving the issue the defendants fail to help me (Saying OK lying Saying It a "Barrier Free Yard" Unit QB @ Warm Springs is Not handicap Accessible These defendants interfered with Strict Doctors Orders

- 9) Have you filed other actions in state or federal courts involving the **same or similar facts** as involved in this action? Circle one: Yes or No. If your answer is "Yes," describe each lawsuit. (If more than one, describe the others on an additional page answering the following questions.)

- a) Defendants: _____
- b) Name of court and docket number: _____
- c) Disposition (for example, was the case dismissed, appealed or is it still pending?):

- d) Issues raised: _____

- e) Approximate date it was filed: _____
- f) Approximate date of disposition: _____

- 10) Have you filed an action in federal court that was dismissed because it was determined to be frivolous, malicious, or failed to state a claim upon which relief could be granted? Circle one: Yes or No. If your answer is "Yes," describe each lawsuit. (If you had more than three actions dismissed based on the above reasons, describe the others on an additional page answering the following questions.)

Lawsuit #1 dismissed as frivolous, malicious, or failed to state a claim:

- a) Defendants: _____
- b) Name of court and case number: _____
- c) The case was dismissed because it was found to be (circle one): (1) frivolous;
(2) malicious; or (3) failed to state a claim upon which relief could be granted.
- d) Issues raised: _____

- e) Approximate date it was filed: _____
- f) Approximate date of disposition: _____

Lawsuit #2 dismissed as frivolous, malicious, or failed to state a claim:

- a) Defendants: _____
- b) Name of court and case number: _____
- c) The case was dismissed because it was found to be (circle one): (1) frivolous;
(2) malicious; or (3) failed to state a claim upon which relief could be granted.
- d) Issues raised: _____

- e) Approximate date it was filed: _____
- f) Approximate date of disposition: _____

Lawsuit #3 dismissed as frivolous, malicious, or failed to state a claim:

- a) Defendants: _____
- b) Name of court and case number: _____
- c) The case was dismissed because it was found to be (circle one): (1) frivolous;
(2) malicious; or (3) failed to state a claim upon which relief could be granted.
- d) Issues raised: _____

- e) Approximate date it was filed: _____
- f) Approximate date of disposition: _____

D. REQUEST FOR RELIEF

I believe I am entitled to the following relief:

*Pamplin Prays this Court Enters
Judgement Granting Declaration. The act described Violated my Right
under the Constitution Plus Grant Pamplin Compensatory Damages
in the amount 10 million Against each defendant And Punitive
damages of 15 million against each defendant Plus the
Recovery of all Cost in this Suit Thanks for any help
the Court deem just in this unjust situation*

I understand that a false statement or answer to any question in this complaint will subject me to penalties of perjury. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT.** See 28 U.S.C. § 1746 and 18 U.S.C. § 1621.

(name of person who prepared or helped
prepare this complaint if not the plaintiff)

John L. Pamplin

(signature of plaintiff)

2/14/20

(date)

United State District Court
District of Nevada

John D. Pamplin
v
Clucas RN

Declaration of
John David Pamplin

John David Pamplin hereby declares:

On or about Sept 14, 2018 O.M.D./Prison
Administration Classified me to Warm Springs
Unit 4 B which, The Unit is on a Steep hill.
Administration had knowledge of my walking
disabilities And knowledge of the Doctor
Ordered flat yard Restriction which
has been in my file since 2003 due

To my walking disability Call dropfoot
Plus, Today I also have injuries
to my Right Hip And lower back that
Requires me to use a Care. Administration
was aware of my medical history And
A.D.A. Requirements/Restriction. Yet, They
Place me on this Steep hill to Cause greater
injuries to my Right Hip And lower back. I'm
in great pain due to the daily walking up
And down this Steep hill without any Support.
I declare under penalty of Perjury that the
foregoing is true and Correct. Executed at NNCC
Carson City, NV. Feb 14, 2020

John D. Lampkin 74405

Log Number 200103071940

Medical

NEVADA DEPARTMENT OF CORRECTIONS
INFORMAL GRIEVANCENAME: John Q. Pamplin I.D. NUMBER: 74405INSTITUTION: Warm Springs UNIT: 4B4

GRIEVANT'S STATEMENT: Yes, I'm in pain due to long walk to chow and fill twice daily down hill going and up the hill back. Now, we've got a flat yard restriction from the Doctor because of my injured right hip and lower back. Yet NDOC Classified me to this hill in violation to Doctor's

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: John Q. Pamplin DATE: 9/14/18 TIME: 10:00 AMGRIEVANCE COORDINATOR SIGNATURE: AW DATE: 9/21/18 TIME: _____

GRIEVANCE RESPONSE: _____

see attached, dated 10/10/18

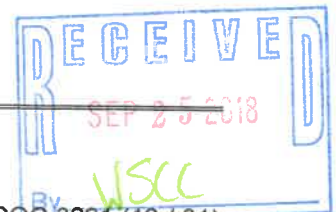
CASEWORKER SIGNATURE: _____ DATE: _____

____ GRIEVANCE UPHELD X GRIEVANCE DENIED _____ ISSUE NOT GRIEVABLE PER AR 740GRIEVANCE COORDINATOR APPROVAL: AW DATE: 9/21/18____ INMATE AGREES X INMATE DISAGREESINMATE SIGNATURE: John Q. Pamplin DATE: 10/19/18

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FIRST LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original: To inmate when complete, or attached to formal grievance
 Canary: To Grievance Coordinator
 Pink: Inmate's receipt when formal grievance filed
 Gold: Inmate's initial receipt

Recd 9/17/18
 @ 11:30am AW



DOC 3091 (12/01)

NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: John D. Pampaloni I.D. NUMBER: 74485

INSTITUTION: Warm Springs UNIT #: 4A

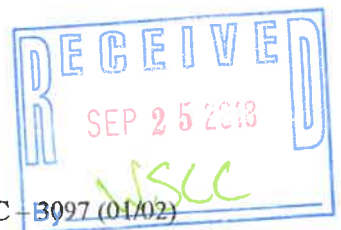
GRIEVANCE #: 1 GRIEVANCE LEVEL: Informal

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 2

Strict Orders. I'm requesting an immediate transfer to a flat yard to relieve me of the suffering and pain trying to walk too and from chow hall & pill call twice daily up and down this hill. OK Ad Sec me so I don't have to further injure myself by walking these great distance without the medical dropfoot brace which as of yet has Not been provided since the officer took it in 2013 Please help with this most important matter.

Thanks in advance

Original: Attached to Grievance
Pink: Inmate's Copy



**State of Nevada
Department of Corrections****INMATE GRIEVANCE REPORT****ISSUE ID#** 20063071940**ISSUE DATE:** 09/25/2018

INMATE NAME		NDOC ID	TRANSACTION TYPE		ASSIGNED TO	
PAMPLIN, JOHN D		74405	RTRN_INF		KMCCULLAH	
LEVEL	TRANSACTION DATE	DAYS LEFT	FINDING	USER ID	STATUS	
IF	10/10/2018	5	Denied	BRHILL	A	
INMATE COMPLAINT						
OFFICIAL RESPONSE						
Inmate Pamplin- WSSC is considered a barrier free institution. If you are having difficulty walking due to medical issues, please follow proper protocol by submitting a kite to be seen by a medical provider, and you will be scheduled accordingly. Grievance is denied. K. McCullah, R.N.						

K.M. Cullah 15 Oct 2018
GRIEVANCE RESPONDER

Report Name: NVRIGR

Reference Name: NOTIS-RPT-OR-0217.4

Run Date: OCT-10-18 10:42 AM

Page 1 of 1

Log Number

20063071948

NEVADA DEPARTMENT OF CORRECTIONS FIRST LEVEL GRIEVANCE

NAME: John D. Pampin I.D. NUMBER: 74405INSTITUTION: WSCC UNIT: 4B4

I REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 20063071940, IN A FORMAL MANNER. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: Pampin John DATE: 11.6/18WHY DISAGREE: Resubmitting First level didn't provide all documentationwhich now I included in formal with Report Statement And Firstlevel with, improper memo I yes I'm in great pain due tothe long walk up and down the hill going to jail call aChow twice daily which we get a flat yard restrictionGRIEVANCE COORDINATOR SIGNATURE: [Signature] DATE: 11/15/18

FIRST LEVEL RESPONSE: _____

see attached, dated 11/19/18

_____ GRIEVANCE UPHELD X GRIEVANCE DENIED _____ ISSUE NOT GRIEVABLE PER AR 740WARDEN'S SIGNATURE: [Signature] TITLE: Warden DATE: 11/15/18GRIEVANCE COORDINATOR SIGNATURE: [Signature] DATE: 11/15/18

_____ INMATE AGREES X INMATE DISAGREES _____INMATE SIGNATURE: John Pampin DATE: 11/27/18

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A SECOND LEVEL GRIEVANCE MAY BE

PURSUED IN THE EVENT THE INMATE DISAGREES.

Original: To inmate when complete, or attached to formal grievance

Canary: To Grievance Coordinator

Pink: Inmate's receipt when formal grievance filed

Gold: Inmate's initial receipt



DOC 3093 (12/01)

Rec'd
11-7-18
H

**NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM**

NAME: Paulina John I.D. NUMBER: 74485
 INSTITUTION: WSCC UNIT #: 4B4
 GRIEVANCE #: 20063071940 GRIEVANCE LEVEL: Second

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 2

Due to my injured right hip and lower back Yet NDOC
 Classified me to this yard with a steep hill in
 violation of the doctors orders I'm requesting a
 immediate transfer to a flat prison yard which
 would release me of the suffering and pain of daily
 walking up & down this hill Also, provide me with
 a dropfoot brace which The doctor has approved
 As of date I've Not receive a dropfoot brace to
 support my walking disability (I clearly slip on a
 steep hill here at WSCC I'd like the transfer I've
 provided with a dropfoot brace and supportive
 shoes to help with my medical issues

Thanks in advance

Administrative Claim Attach

Original: Attached to Grievance
 Pink: Inmate's Copy





State of Nevada
Department of Corrections

INMATE GRIEVANCE REPORT

ISSUE ID# 20063071940

ISSUE DATE: 09/25/2018

INMATE NAME		NDOC ID	TRANSACTION TYPE	ASSIGNED TO	
PAMPLIN, JOHN D		74405	RTRN_L1	CLUCAS	
LEVEL	TRANSACTION DATE	DAYS LEFT	FINDING	USER ID	STATUS
1	11/19/2018	4	Denied	BRHILL	A
INMATE COMPLAINT					
OFFICIAL RESPONSE					
<p>Inmate Pamplin, as stated in the answer in your informal grievance WSCC is considered a barrier free yard. We will schedule you with a provider to discuss your classification and need for a new AFO. If the provider agrees you need a new AFO, it will be submitted to the Utilization Review Committee for approval. If approved you will be scheduled with Ortho Pro and a new AFO will be ordered. Grievance denied.</p>					

GRIEVANCE RESPONDER

Report Name: NVRIGR

Reference Name: NOTIS-RPT-OR-0217.4

Run Date: NOV-19-18 02:00 PM

LOG NUMBER: 900630 7/940NEVADA DEPARTMENT OF CORRECTIONS
SECOND LEVEL GRIEVANCENAME: John D. ThompsonI.D. NUMBER: 74405INSTITUTION: WSCCUNIT: 4B3

I REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 20063071940, ON THE SECOND LEVEL. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: [Signature]DATE: 11.27.18WHY DISAGREE: Submitting Second level with all documents to

informal & Report Statement Attached And First level And memo
Idm in great pain due to the long walk up and down the
hill going to pill call and show these kids which we got a
flat gated restriction due to my injured right hip and lower

GRIEVANCE COORDINATOR SIGNATURE: [Signature]DATE: 12/1/18

SECOND LEVEL RESPONSE: _____

GRIEVANCE UPHELD _____ GRIEVANCE DENIED _____ ISSUE NOT GRIEVABLE PER AR 740SIGNATURE: [Signature]TITLE: MDDATE: 2/19/19GRIEVANCE COORDINATOR SIGNATURE: [Signature]DATE: 3/2/19INMATE SIGNATURE: [Signature]DATE: 3/15/19

THIS ENDS THE FORMAL GRIEVANCE PROCESS

Original: To inmate when complete, or attached to formal grievance
Canary: To Grievance Coordinator
Pink: Inmate's receipt when formal grievance filed
Gold: Inmate's initial receipt



DOC 3094 (12/01)

**NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM**

NAME:

Pamplin

I.D. NUMBER:

74485

INSTITUTION:

WSSC

UNIT #:

U4B3

GRIEVANCE #:

20063071940

GRIEVANCE LEVEL:

Second

GRIEVANT'S STATEMENT CONTINUATION:

PG.

2

OF

2

back yet NDOC Classified me to this prison with a steep hill in violation of the doctors orders I'm requesting a immediate transfer to a flat prison yard which would relieve me of the suffering and pain of daily walking up & down this hill Also provide me with a dropfoot brace which The doctor has approved As of date I've Not received a dropfoot brace to support my walking disability Clearly there a steep hill here at WSSC which is causing great pain and suffering And Please provide me with the dropfoot brace Plus shoes to help support my walking disability

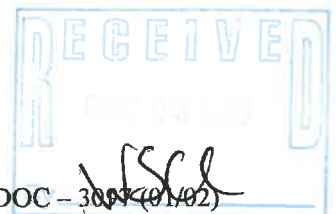
Thanks in advance

Original:

Attached to Grievance

Pink:

Inmate's Copy



DOC - 3007 (01/02)



State of Nevada
Department of Corrections

**Please return this signed copy
and a the canary copy to**

WSCC

INMATE GRIEVANCE REPORT

ISSUE ID# 20063071940

ISSUE DATE: 09/25/2018

INMATE NAME		NDOC ID	TRANSACTION TYPE	ASSIGNED TO	
PAMPLIN, JOHN D		74405	RTRN_L2	MMINEV	
LEVEL	TRANSACTION DATE	DAYS LEFT	FINDING	USER ID	STATUS
2	02/07/2019		Resolved	VAUSTIN	A

INMATE COMPLAINT

OFFICIAL RESPONSE

Mr. Pamplin, Upon review of your Second Level Grievance and prior Informal and First Level responses your Grievance is resolved. You recently saw the provider at WSCC. You discussed WSCC as a 'Barrier Free Yard?'. The distance from Unit 4 to Culinary and Pill call is not greater than 200 yards. You can generally get your pills at the same time you get meals. He did put in a request for a new foot brace which UR has approved and you will be scheduled to see Ortho Pro, accordingly. You have also been prescribed medication for your pain management. I believe all of your concerns have been addressed and resolved.

Michael D. Davis
GRIEVANCE RESPONDER

Report Name: NVRIGR

Reference Name: NOTIS-RPT-OR-0217.4

Run Date: FEB-07-19 02:59 PM

Page 3 of 4

NEVADA DEPARTMENT OF CORRECTIONS ADMINISTRATIVE CLAIM FORM

**THIS FORM MUST BE COMPLETED PER NRS 41.036, 41.0322,
209.243 AND ADMINISTRATIVE REGULATION 740**

**DO NOT SEND DIRECTLY TO ATTORNEY GENERAL'S OFFICE,
BOARD OF EXAMINERS, OR DIRECTOR**

This form is to be attached to your grievance form for any injuries or any other claim (except property) arising out of a tort alleged to have occurred during your incarceration as a result of an act or omission of the Department of Corrections or any of its agents, former officers, employees or contractors.

The following information is necessary to fairly evaluate your claim. Please provide complete information. If you need more space, attach a separate sheet of paper. You may submit additional evidence if available. Such additional evidence will be returned.

CLAIM IN THE AMOUNT OF \$ 10,000 is hereby made against the Department of Corrections, based upon the following facts:

1. NAME OF CLAIMANT (Please print full name) <u>Pamplin John</u>	2. I.D. # <u>74405</u>	3. INSTITUTION <u>W8CC</u>
4. AMOUNT OF CLAIM <u>\$10,000</u>	5. DATE AND DAY OF OCCURRENCE <u>9/14/18</u>	6. TIME (a.m. or p.m.) <u> </u>
7. PLACE OF OCCURRENCE <u>W8CC</u>		

8. Describe here, in complete detail, exactly how your claim loss or damage occurred and why you believe the institution is responsible or liable:

I was placed on The Hill in Unit 4B4 @ WSCC And daily walking up and down the hill 10 to 14 times daily has cause great pain and suffering Plus I have a flat yard restriction yet Medical will Not move me nor will they provided me with a dropfoot brace to support my walking disability Nor will they move me to a flat yard

9. Witnesses. Be sure to include any staff member who may have been involved in, or has any knowledge of, your alleged loss; also, list any inmate who has actual knowledge of facts pertinent to your claim:

Medical Staff, Case workers have knowledge of this issue yet Nothing has been done to help

10. Other pertinent information:

As of Date I've Not been provided with a drop foot brace for support And my injuries have only gotten worse Really bad pain in my Right hip and lower back Medical will Not help!

STATE OF _____)
) SS
COUNTY OF _____)

I, Pamphile, do hereby swear under penalty of perjury that I am the claimant named above, that I have read the foregoing claim and know the contents thereof, that the same is true of my own knowledge, except those matters stated upon information and belief, and as to those matters, I believe them to be true, and that THIS IS MY ENTIRE CLAIM AGAINST THE STATE OF NEVADA/DEPARTMENT OF CORRECTIONS.

I FULLY UNDERSTAND THAT I WILL HAVE TO SIGN A GENERAL RELEASE OF ALL CLAIMS IN THE PRESENCE OF A NOTARY PUBLIC FOR THE EXACT AMOUNT I AM CLAIMING BEFORE ANY PAYMENT WILL BE OFFERED TO ME. THIS GENERAL RELEASE WILL BECOME EFFECTIVE ONLY UPON ACTUAL PAYMENT OF THE CLAIM BY THE STATE OF NEVADA.

DATED this 6th day of Nov, 20 18

[Signature]
Signature of Claimant

NOTICE

NEVADA REVISED STATUTE 197.160 provides that every person who knowingly presents a false or fraudulent claim is guilty of a gross misdemeanor, and is subject to criminal penalties of imprisonment of up to one year, and a fine of up to \$2,000.00.

DOC - 3095 (12/01)